

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Hillary Clinton for President

A. Full Name (Last, First, Middle Initial) Thomas Riconda	Transaction ID: SB28A-74052 Date of Disbursement																				
Mailing Address 46 Indian Wells Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	0		2	0	0	9												
City Brewster State NY Zip Code 10509	Amount of Each Disbursement this Period																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td>-2300.00</td> </tr> </table>	-2300.00																			
-2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Prior Period Void 8/28/08																					
B. Full Name (Last, First, Middle Initial) Thomas Riconda	Transaction ID: SB28A-74068 Date of Disbursement																				
Mailing Address 46 Indian Wells Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	2		2	0	0	9												
City Brewster State NY Zip Code 10509	Amount of Each Disbursement this Period																				
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Prior Period Void 8/28/08																					
C. Full Name (Last, First, Middle Initial) Nancy Daly Riordan	Transaction ID: SB28A-74349 Date of Disbursement																				
Mailing Address 8383 Wilshire Blvd Suite 500	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	4		2	0	0	9												
City Beverly Hills State CA Zip Code 90211	Amount of Each Disbursement this Period																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td>-2300.00</td> </tr> </table>	-2300.00																			
-2300.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Prior Period Void 8/28/08																					

SUBTOTAL of Disbursements This Page (optional)

-2300.00

TOTAL This Period (last page this line number only)